Student Information

PLEASE PRINT CLEARLY

Family Name _____

First Name _____

Address _____
STREET ADDRESS APT.

_____
CITY PROVINCE/STATE

_____
COUNTRY ZIP / POSTAL CODE

Concordia ID Number _____

Date of Birth _____
DAY MONTH YEAR

Telephone (Day) _____
AREA CODE/COUNTRY CODE

Telephone (Evening) _____
AREA CODE/COUNTRY CODE

E-mail _____

NOTE: This form must be mailed with your original Concordia diploma.

☐ I would like _____ certified copies of my diploma. The fee is $16 CDN per copy.

☐ Please return my original diploma and certified copies to the address above in the student information section.

☐ $42 CDN Express Post to Canada and US addresses (typically 3-5 business days) / Registered mail to international addresses (typically 3 to 12 weeks).

OR

☐ $65 CDN Courier to North America / Europe (typically 4-7 business days). This option is not available within Canada.

OR

☐ $85 CDN Courier to South America / Caribbean / China / South Korea / Japan (typically 4-7 business days).

OR

☐ $95 CDN Courier to all other counters / regions (typically 4-7 business day).

Note: Courier rates may be higher or unavailable for certain destinations. If applicable, we will contact you with the rate prior to processing your request.

To have your certified copy sent to an alternate address, please also complete the below information:

_____ Certified copies to be mailed to below address.

☐ $42 CDN **OR** ☐ $65 CDN **OR** ☐ $85 CDN **OR** ☐ $95 CDN (See details above.)

PLEASE PRINT CLEARLY

_____
NAME OF INDIVIDUAL AND/OR DEPARTMENT

_____
INSTITUTION OR COMPANY

_____
STREET ADDRESS APT.

_____
CITY PROVINCE / STATE

_____
COUNTRY ZIP / POSTAL CODE

_____
EMAIL OF INDIVIDUAL / DEPARTMENT REQUIRED FOR COURIER

_____
PHONE NUMBER OF INDIVIDUAL / DEPARTMENT REQUIRED FOR COURIER

Student's Signature _____ **Date** _____

OFFICE USE ONLY	☐ Mailed Name:	Signature:	Date:
	☐ Payment Processed		

SEE NEXT PAGE FOR PAYMENT INFORMATION

Payment Information

The total amount can be paid by credit card (VISA or MasterCard), provide the information below.

PLEASE PRINT CLEARLY

STUDENT ID # _____ STUDENT FAMILY NAME _____ STUDENT FIRST NAME _____

Credit Card: ○ **Visa** ○ **Mastercard**

PLEASE NOTE:
We do not accept
Visa or Mastercard Debit.

_____ (quantity) Certified Copies ($16 each) $ _____

Return mailing of original diploma $ _____

Mailing of copy to alternate address (if applicable) $ _____

Total Amount: $ 0

Credit Card Number: _____ - _____ - _____ - _____ **Expiry Date:** _____ - _____
MONTH YEAR

Phone: (_____) _____

PLEASE SIGN

Cardholder's Signature:

Notes:

- ***Payment will not be processed without a signature and total amount indicated.***
- ***We do not accept cheques, money orders or bank drafts.***
- ***Concordia University will not be responsible for additional costs associated with items returned as unclaimed or with incomplete / incorrect mailing addresses.***

MAIL

To send the completed form via mail (with credit card payment):

Concordia University
Enrolment Services: Attention – Events Office
1455 De Maisonneuve Blvd. West, FB-900
Montreal, Quebec H3G 1M8